

U.S. Department of State NONIMMIGRANT VISA REFERRAL

| Applicant's Full Name(Last, First, MI) | | Date of Birth (mm-dd-yyyy) | |
|---|-----------------------------|-----------------------------|--|
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| ACCOMPAN | IVINO DEL ATIVEZA | | |
| ACCOMPANYING RELATIVE(s) | | | |
| Full Name | Relationship | Date of Birth (mm-dd-yyyy) | |
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| Purpose of applicant's travel | | Date of Travel (mm-dd-yyyy) | |
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| I request that the Nonimmigrant Visa Section extend to the above person(s) all appropriate courtesies. I am requesting this assistance for the following reasons: | | | |
| requesting this assistance for the following reasons. | | | |
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| Name of Referring Officer | Nom | a of Approving Officer | |
| Name of Referring Officer | INAIII | Name of Approving Officer | |
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| Title of Referring Officer | Title | Title of Approving Officer | |
| - | | | |
| | | | |
| Signature | | Signature | |
| Date Signed (mm-dd-yyyy) | Date Signed (mm-dd-vv | Date Signed (mm-dd-yyyy) | |
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| Telephone | Telephone Telephone Number: | | |
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